

Sovereign Care Limited

Ampersand

Inspection report

Parsonage Lane
Rochester
Kent
ME2 4HP

Tel: 01634724113

Date of inspection visit:
21 August 2019
22 August 2019

Date of publication:
28 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Ampersand is a residential care home providing personal care to older people and people living with dementia. Some people were cared for in bed. At the time of the inspection, 37 people were using the service. The service had been extended since the last time we inspected. A new wing had been added with 12 bedrooms. The service can support up to 43 people.

People's experience of using this service and what we found

Medicines had not always been managed safely. Medicines administration records (MAR) did not correspond with controlled drugs records. Some people had run out of their medicines and had gone without essential medicines for several days.

There were systems in place to check the quality of the service. However, the systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management. This was an area for improvement.

There continued to be enough staff to keep people safe. The registered manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly. Staff continued to be recruited safely.

Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person. People were reassessed as their needs changed to ensure the care they received met their needs.

People felt safe living at Ampersand. Staff had the knowledge and training to protect people from abuse and avoidable harm. People said, "I have lived here a long time, it's where I am happy. I am safe here" and "I have nothing to complain about, I have my friends and family who visit when they like."

Risks to people's safety had been suitably assessed and managed, this was a clear improvement since the last inspection. The service had been maintained to a good standard and was clean and fresh.

Improvements had been seen across the service since our last inspection. The management team and staff had worked hard to make sure people received quality care and support.

People had choice over their care and support, dignity and privacy was respected by staff. People told us staff were kind and caring and treated them well.

People's needs were appropriately assessed. People had care plans which were up to date and accurately reflected their needs. This was a clear improvement since the last inspection.

People had access to a range of different activities throughout the week. People told us that they took part in these and that they were enjoyable. Activities were also provided for people who received their care and treatment in bed.

People received good quality care, support and treatment including when they reached the end of their lives. People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care.

When people needed medical attention, this was quickly identified, and appropriate action was taken. For example, if people were losing weight referrals were made to dieticians. The service worked closely with the GP and other health care professionals who visited the service regularly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 August 2018) and there were three breaches of regulation. The provider and registered manager had failed to operate effective quality monitoring systems. The provider and registered manager had failed to effectively manage risks. The provider and registered manager had failed to plan care and treatment to meet people's needs and preferences. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made. However, there was a new breach of regulation.

We have identified a breach in relation to safe management of medicines at this inspection. This is the third consecutive time that the service has been rated as requires improvement overall.

Please see the action we have told the provider to take at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ampersand

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Ampersand is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of the inspection was unannounced. The registered manager was informed that we would be returning on the second day.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority quality assurance worker. They told us they had not been to the service in the last 12 months. We used all of this information to plan our inspection.

During the inspection

We spoke with five people and five relatives about their experiences of the care provided at the service. Some people were not able to verbally express their experiences of living at the service. We observed staff interactions with people and observed care and support in communal areas.

We spoke with five staff including; care workers, senior care workers, the deputy manager and the registered manager. We also spoke with a visiting dietician.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines had not always been managed safely. Medicines administration records (MAR) did not correspond with controlled drugs records. One person's MAR had been amended which meant that the dates across the chart were unreadable. This put the person at risk of not receiving their medicines as prescribed.
- Some people had run out of their medicines and had gone without essential medicines for several days. This could lead to health complications. Staff explained that this had been caused through delays gaining medicines for people who had just moved in. One person told us, "There was a mess up with delivery of medication recently which left me feeling unwell but [registered manager] sorted it."
- One person's MAR detailed that staff should apply a medicated pain patch weekly to the person. The person's pain patch record did not always show that the pain patch had been re sited on different areas of the body to reduce the risk of skin irritation. The record showed that it had been administered on the same part of the body on 23 and 30 July 2019. A different part of the body on 6 August 2019, then no record of where it was applied to on 13 and 20 August 2019.

The failure to take appropriate actions to ensure medicines are managed in a safe way is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Medicines were securely stored and kept at the correct temperature to ensure their efficiency.
- Some people were in receipt of as and when required (PRN) medicines. PRN protocols were in place for most people to detail how they communicated pain, why they needed the medicine and what the maximum dosages were. This meant staff working with people (including those administering these medicines) had all the information they needed to identify why the person took that particular medicine and how they communicated the need for it.
- People's medicines were regularly reviewed by their GP and health professionals.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

Regulation 12.

- Risks to people's safety had been well managed. Risks to people's individual health and wellbeing had been assessed. Each person's care plan contained individual risk assessments. People's care plans and assessments were reviewed by staff monthly. Risk assessments were available on hand held devices, computers and in paper files to ensure staff could access them easily.
- We observed staff safely using moving and handling equipment when supporting people to move. We also observed staff prompting and encouraging people to use their walking frames in a safe way.
- People were protected from environmental risks. Access to areas that contained machinery, equipment or building materials was restricted.
- Each person had a personal emergency evacuation plan this detailed the level of assistance and the type of equipment required they would need to reach a place of safety in the event of an emergency.
- Staff had carried out regular fire alarm tests and regular practice drills had taken place.
- People told us, "I feel safe as I know there are people around and the carers are very good"; "Before moving here I had a lot of falls but not now"; "They look after me well here, I wouldn't be safe at home but I am here" and "I was saved by coming here, I was in a right mess physically."
- Relatives told us their loved ones were safe and well cared for. Comments included, "I feel my relative is very safe here, if it was the wrong environment they wouldn't have settled"; "Relative is safe here which helps me to know as they had a lot of falls when at home" and "No qualms about safety."

Staffing and recruitment

At our last inspection we recommended that registered persons sought guidance from a reputable source in relation to matching staffing levels to people's assessed dependency levels.

At this inspection the provider and registered manager had responded to our recommendation.

- The provider and registered manager had introduced a dependency tool to measure the dependency of people living at the service with the staffing levels. The tool was reviewed and amended when there were new admissions to the service and on a monthly basis.
- There continued to be enough staff to keep people safe. The registered manager was able to deploy more staff as and when people's needs changed. Staffing was arranged flexibly.
- People told us their call bells were mostly answered quickly, which met their needs. Comments included, "I only need to buzz for help occasionally, I never have to wait for long for help"; "I don't usually need to use the buzzer as I am mobile and very independent. However, if I do need help say I feel unwell or having a hypo and I buzz, the staff come quickly as they know something must be wrong" and "I don't like to ring as staff are busy."
- Staff continued to be recruited safely. For example, Disclosure and Barring Service checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff told us the management team were approachable and always listened and took action where necessary, so they would have no hesitation in raising any concerns they had. Staff felt sure action would be taken straight away. Staff knew how to raise and report concerns outside of their organisation if necessary. One staff member said, "I would report to the manager. If it wasn't dealt with, I would report to CQC."

- A relative told us, "I feel reassured here that he is safe and secure and well looked after."

Preventing and controlling infection

- The service was clean and smelt fresh. Staff used protective equipment such as gloves and aprons to protect people and themselves from healthcare related infections.
- People told us, "I like to tidy up but hey come in and hoover and mop the toilet floor every day" and "They keep it very clean, they have usually been in by now."
- The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner.

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again.
- Staff told us they received clear communication when there had been accidents and incidents. One staff member said, "We get a handover and I can ask the senior for an update if I have been off. At the start of the shift we get a run through of what has been happening."
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether support plans and risk assessments had been updated.
- The registered manager had followed up every incident and accident. Serious incidents and accidents continued to be reported to the registered provider. The registered manager carried out analysis and tracking of incidents and accidents to check for themes and ensure that learning had been identified.
- Themes and learning points were discussed with staff in meetings and handover sessions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection we recommended that registered person's reviewed practice in best interests decision making, following the Mental Capacity Act 2005 code of practice.

At this inspection the provider and registered manager had responded to our recommendation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The registered manager monitored when they were authorised or due for renewal, some people had conditions attached to their authorised DoLS and these were met.
- Care records showed that MCA assessments had taken place in relation to specific decisions.
- People with capacity to consent to decisions about their care had signed consent forms.
- We observed that people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities.
- Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them. People told us, "I like to make my own decisions but will ask for help if needed"; "I can please myself what time I go to bed ,it's often not until 11pm as I might be watching something on TV in my room or reading" and "I can choose when I get up and when I go to bed, someone

will put their head around the door every now and then to check I am ok."

- Where some people did not have capacity to consent to a specific decision, relatives had signed the consent form detailing that they were the person's lasting power of attorney (LPA). Records showed that best interest meetings had taken place and best interest assessors were involved where people lacked capacity to consent to a specific decision. Copies of the LPA documentation had been checked by the registered manager to verify that relatives had the authorisation to make decisions on behalf of the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's care plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture and their abilities.
- People were reassessed as their needs changed to ensure the care they received met their needs.
- People's choices and decisions were respected. Care records clearly showed where people had been given choices and clearly showed when people had declined. For example, where people had chosen not to shower and had a wash instead.

Staff support: induction, training, skills and experience

- Staff received appropriate training to carry out their roles. This included statutory mandatory training, infection prevention and control, first aid, fire and moving and handling people. Staff had received training to enable them to meet people's specific health needs such as diabetes, Parkinson's disease and dementia.
- Staff received effective support and supervision for them to carry out their roles. Supervision records evidenced that staff received a formal supervision meeting every two months.
- Staff confirmed that they were supported to undertake qualifications in relation to their roles. Staff told us they felt well supported by the registered manager and deputy manager. One member of staff told us, "I do feel supported, I have never had a problem, they [management] are approachable."

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection we recommended that registered persons researched good practice guidance in relation to menu planning and assisting people to make informed choices.

At this inspection the provider and registered manager had responded to our recommendation.

- Records relating to food and fluid intake were clear, consistent and accurate.
- Most people told us they liked the food at the service. People told us, "I am very funny with food, I don't like potato so often get given salad which I don't care for that much"; "I eat everything I am given, it is enough for me"; "Food is marvellous here"; "The food is ok, I had beef stew today" and "I don't like the food, there is never a choice and I don't want sandwiches for tea every day."
- Some people and relatives reported they had not always been told what the choices of food were. They said, "I wasn't offered an alternative" and "I don't know if there is a choice I haven't been aware of one." We reported this to the registered manager. They took immediate action to remind all staff to ensure people were informed about the choices available.
- Meals and drinks were prepared to meet people's preferences and dietary needs.
- People had their meals in the dining rooms and in their bedrooms. The menu board in the hallway area displayed the choices available. Staff told us they helped people to make their meal choices if they needed it.

- People had been weighed regularly. Where people had lost weight and this was a concern, appropriate referrals had been made to the GP and other healthcare professionals. A dietician visited the service in response to these referrals during the inspection. They told us, "They are very good at referring on and following advice."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received appropriate support to maintain good health.
- People were supported to attend regular health appointments, including appointments with consultants, mental health teams and specialist nurses. The GP visited the service regularly.
- Records showed that staff took timely action when people were ill. The management team had contacted the GP during the inspection as a person was unwell.
- People were supported to see an optician, dentist and chiropodist regularly. People told us, "If I have a problem like I do with my knee at the moment I ask to see the doctor. Usually it will be a nurse you see and they can often sort it out"; "The diabetic nurse comes here to see me regularly as does the podiatrist" and "I also have regular injections into my eyes and I go to the hospital on my own, the home book up patient transport for me and it works well. I hadn't been for a while so I spoke to [registered manager] and she has fixed up for me to go again next week". A relative told us, "I work so all appointments at the hospital the staff go with my relative. They had a cataract removed recently and that went well."
- People living with diabetes were supported to test their blood sugar levels on a regular basis. Clear records were made, where readings were higher than normal for the person staff had contacted relevant healthcare professionals. A person with diabetes said, "Staff tell me if what I am eating is too sweet for me."
- The registered manager and staff detailed how they worked closely with healthcare professionals to ensure people's health needs were met. This was evidenced throughout people's care records.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met most people's needs.
- Sign posts were in place which helped people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- The garden had been landscaped since we last inspected. This was secure and easily accessible. On the second day of the inspection a group of people were supported to plant up the raised flower beds which had been purchased. The registered manager told us that there were plans to develop the garden further by adding in more plants and shrubs and they were creating a small memorial garden in one area.
- One person told us, "I would like to be able to go out in the garden during the day, but you are not allowed unless a member of staff is there and it's not always convenient for them to do so. I will go out to the garden with my boys, I don't know why there are no flowers in the garden."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them well. Comments included, "Staff are very good at taking time to help me when I need it and they are nice about it as well"; "They treat me like royalty here, they are so kind" and "I like to be independent but if I need help the girls here help me and they are very kind."
- Staff sat with people and gave them the support they needed, including at mealtimes. People were supported at their own pace. People's wishes about where they wished to eat and who with were respected. Staff were tactile and held people's hands when people wanted them to.
- Staff referred to people by their preferred names and supported inspectors to do this when they were chatting with people.
- Relatives and visitors were welcomed at any reasonable time. People told us, "My family can visit when they want, one of my sons takes me to the supermarket regularly which I like"; "My daughter and her family visit regularly as does my husband who comes every other day. They are always made welcome by staff" and "My children live locally and I go out with them, I only go out on my own to the local service station." The relatives and visitors we spoke with said they were made to feel welcome.
- Relatives told us, "All the staff are very respectful to my relative and to me, they explain what they would like to do and ask permission"; "Staff are so kind and friendly, mum would show through facial expression if she wasn't happy" and "I can tell staff what my relatives needs are, the staff are very respectful of us all."
- People's religious needs were met. People did not have any wish to attend any church services so there were none held. People we spoke with confirmed this. A staff member told us in the past when people had religious needs, services were held in the service. This enabled people to attend if they wished to.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- People and their relatives had been asked about their lifestyle choices and these were respected.
- People self advocated (where they could) and relatives advocated on their loved one's behalf if they lacked capacity or wanted assistance to help them make decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- People were able to spend time with their relatives in private in their own rooms and in different communal spaces around the service.
- We observed staff knocking on doors before entering people's bedrooms and checking with them it was

ok to enter. This included when people's doors were open.

- People's personal records were stored securely in the office and on the computer system.
- Staff knew people well and knew their likes and dislikes. Staff took time to sit with people, chat and offered reassurance when this was required.
- Staff discreetly asked people if they were in pain and wanted pain relief during medicines administration rounds. Staff discreetly checked with people to see if they wanted assistance to go to the toilet.
- Staff told us they ensured people's curtains and doors were closed when they supported people with their personal care. Staff said they protected people's dignity by covering people up with towels when supporting people to wash and dress.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One relative told us, "Independence is definitely encouraged here. When my relative came here they had given up on life and were just waiting to die, the staff here saved their life."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, which reflected their current needs. People's care plans detailed how many baths or showers they preferred each week and what support people needed with this. Records showed that people had been offered baths and showers and when these had been accepted or declined. Care plans had been reviewed and amended when people's needs changed. One person said, "Yes I know I have a care plan and see it if and when things change."
- Care plans were person centred and contained information about how each person should be supported in all areas of their care and support. Each care plan had a life history section, which had been completed with the involvement of the person and their relatives. This section provided key information about the person's life, hobbies, preferences, religious and cultural or social needs.
- Care records included details of the person's preferred routine, for example when they wanted to get up or go to bed. People and their relatives (if this was appropriate) were involved in care planning and review of care plans. One relative told us, "We were involved in discussing care and support needs." Another relative said, "I remember seeing a care plan in the beginning but haven't seen one recently."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information in the service was available in a variety of formats to meet people's communication needs.
- The service had developed an AIS policy in May 2019. This evidenced that the service ensured that communication is tailored to meet individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had just employed an activities coordinator and plans were in place to increase and improve activities for people. The activities coordinator had started to carry out surveys with people to find out what activities they enjoyed the most and what other activities they would like to do.
- A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities. Some people chose to stay in their bedrooms.
- Activities included, baking, gardening, arts and crafts, singing, exercise, board games, card games, quizzes and memory games. External activities were brought into the service which people enjoyed. These included,

singers, music and movement and motivational activities.

- The activities coordinator visited people in their bedrooms to provide one to one activity for people that were too unwell to join in with group activities in communal areas. We observed the activities coordinator supporting people to plan and prepare for a garden party which was being held in the garden later in the week. A member of staff said, "There is always room for improvement with activities, residents loved the garden party, there was a singer and everyone joined in. We have different singers come in and exercises and movement. Every individual is different, some like to sit in their chair and watch TV."
- People told us, "I don't go to the activities as I am a bit unsociable. I am not a joiner. I sit in my room with a book or watch TV, I buy books when I go with my son to [supermarket]"; "I just sit in my room and watch TV, I haven't got the patience to read anymore. I don't go to the activities as I worry I would need the loo. I do feel lonely as am just sitting here for hours and hours"; "I used to play darts, snooker and pool but don't now"; "Nothing here I would want to join in with, but have things I can amuse myself with" and "I want to stay in my room thank you,"
- Relatives told us, "There was a singer here recently which they enjoyed and I see there's a party Friday" and "He's so much happier here, involved in activities, likes to sit and watch and chat, staff are kind and friendly and enjoy banter with him."

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or registered manager if they were unhappy about their care. Comments included, "If I had a concern I would perhaps tell the deputy manager"; "If something worried me I would tell my daughter or mention it to one of the carers, they are so nice"; "I don't have any worries, if I had a concern I would talk to [registered manager or deputy manager] or a senior and they sort it" and "If I have a concern I tend to raise it with staff when I am here, they are very open."
- The complaints policy was on display and gave people all the information they needed should they need to make a complaint. This was available in an easy to read and accessible format.
- There had been no complaints about the service within the last 12 months.

End of life care and support

- People had been involved in planning and discussions about their wishes and preferences in relation to their end of life care. For example, people's care records evidenced the type of funeral they wished to have and where they wanted to receive treatment at the end of their life. One relative told us, "We talked about end of life care recently and was involved in discussions about DNAR (do not attempt resuscitation)."
- Some people had consented to DNAR with their GP or consultants. One person told us they had looked at their care plan recently. They said, "Last week I saw it when I was doing my DNAR. I have made it clear when it's my time to go I don't want anyone jumping up and down on my chest."
- Crisis medicines were in place for people who were at the end of their life. These had been prescribed by the GP to ensure people did not suffer unnecessary pain.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to operate effective quality monitoring systems. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17, however further improvement was required.

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, health and safety, medicines, activities, staff files, catering and maintenance. Where actions were needed these were recorded and the management team completed these in a timely manner. One medicines audit for July 2019 identified a missed signature within the medicines administration records. This was rectified immediately. However, the systems to review and check the quality of the service were not always robust, they had not identified the concerns we raised in relation to medicines management. This was an area for improvement.
- The provider had introduced documented provider audits since the last inspection. The provider carried out a thorough audit of the service on a monthly basis. Audits records showed that the provider spoke with people, relatives and staff during these audits to gain views as well as carrying out checks of safety, environment, care plans, complaints and compliments, surveys, staffing levels and training records.
- The registered manager had notified us of specific incidents relating to the service. These notifications tell us about any important events that had happened in the service.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.
- There were a range of policies and procedures available to staff governing how the service needed to be run. These were regularly reviewed and updated.
- The management team were committed to ensuring that people received improved experiences and high-quality care and that lessons were learnt from the previous inspection and inspections in the provider's

other local services. The registered manager continued to receive support from the provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us they knew the registered manager and felt that there was an open culture. Comments included, "[Registered manager] is always around, staff are on the ball and they all know what they are doing" and "[Registered manager] is around and has an open door and is happy to chat or to speak to you about anything to do with [family member's] care."
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "There is an open culture I feel part of the team, we all get on very well."
- The provider had carried out checks of audits and records within the service to ensure they were fulfilling their role and monitoring the quality of care.
- The provider's statement of purpose states that their aims are, 'To provide a secure stable and comfortable environment where individual care and maintenance of dignity is paramount. To provide a high standard of person centred care in order to meet the physical, psychological and social needs of individuals using the service.' It was clear from the experiences of people living at the service and our observations that the provider was meeting their aims and objectives for the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had held 'resident's meetings' regularly since the last inspection, where people were asked their opinions about the service. Meeting records showed varying numbers of people participating. There had been discussions about activities and plans for the memorial garden, raised flower beds, bird feeding stations, food choices and new menu's as well as the new electronic care planning system.
- The provider had given surveys to people to gain feedback about their experiences of living at the service in July 2019. There were 15 completed surveys returned. These showed 13 people were happy with living at Ampersand, one person said they were not sure and one person said no they were not happy. Documentation showed that every effort had been made to rectify this for the person.
- A catering survey had also been carried out with people and responses had been collated by the management team. Overall the catering survey showed that people had a preference for traditional meals.
- The provider had sent out surveys to relatives to gain feedback about their experiences, in February and March 2019. Five completed surveys were returned and these were all positive. Comments within the surveys said, 'Never seen my uncle look so happy'; 'Cannot fault the care my uncle has received since being here'; 'Very lively and always happy' and 'My dad has only been at Ampersand House since December but he seems very happy and all staff and management are wonderful.' Blank surveys were located on a shelf in the ground floor hallways so people or their relatives could access them at any time.
- Compliments had been received. One card displayed showed a relative had commented, 'Thank you and all your ladies for the way you look after [person] you are all brilliant.' Another read, 'Thank you all so much for looking after mum for the last few years, it meant a lot to us that she was well cared for.'
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place regularly. A staff member told us, "We have staff meetings and [registered manager] does her best to address things; we have new staff and have started a new shift pattern. She does listen."

Continuous learning and improving care

- The registered manager kept up to date with best practice and developments. They told us, "We get bulletins through and information, we get CQC newsletters and Medical device alerts."
- The registered manager had been actively working to improve oral health care following NICE guidance.

The registered manager told us, "We have just had oral health training, a dentist provided it."

- The registered manager had not yet attended forums for registered managers run by Skills for Care or the local authority. They told us they would prioritise this to help them build up a larger network of support.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. A visiting healthcare professional told us they visited the service monthly. They explained that staff fully engaged with them to achieve the best outcomes for people.
- Staff told us they were kept informed about engagement and outcomes with health and social care professionals that could result in a change to a person's care, for example, following a visit from the community nurse, GP or dietician.
- Electronic care planning and record keeping helped staff to be fully informed and up to date with people's changing needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had failed to take appropriate actions to ensure medicines were managed in a safe way. Regulation 12 (1)(2)